

PART B - FEE(S) TRANSMITTAL

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7590

09/18/2006

Raymond Sun
 Law Offices of Raymond Sun
 12420 Woodhall Way
 Tustin, CA 92782



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<i>Raymond Sun</i>	(Depositor's name)
<i>12-15-06</i>	
(Signature)	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,695	08/25/2003	Cary Hata		2475

TITLE OF INVENTION: HIGH TORQUE BALLOON CATHETER POSSESSING MULTI-DIRECTIONAL DEFLECTABILITY AND METHODS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS	
JASTRZAB, JEFFREY R	3762	607-122000	12/20/2006 EHATL2 60025001 18647695

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page: list (1)
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) FC:8881
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Irvine Biomedical Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Irvine, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date *12-15-06*

Typed or printed name *Raymond Sun*

Registration No. *35699*

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